



State of Connecticut

Department of Public Safety / Division of State Police

FATAL

## ACCIDENT INFORMATION SUMMARY

State Police Troop: ACase Number: DPS- 04055769

Notations:

Traffic: \_\_\_\_\_

Weather: \_\_\_\_\_

Lane \_\_\_\_\_ of \_\_\_\_\_

Direction of Travel: \_\_\_\_\_

N S E W

Investigating Trooper: Buincuskas #1184Date: 11-07-04Time: 1401No. & Type of Veh's Involved: Trk vs MC  
(Passenger Car, Truck, Bus, Etc.)Related Information: \_\_\_\_\_  
(Pedestrian, Pole, Bridge Abutment, Etc.)Town / City: RoxburyLocation of Accident: RT199 E B-Hills Swamp

Utility Pole Name &amp; Number (If Applicable): \_\_\_\_\_

Other (Specify): \_\_\_\_\_

Oper #1: Spannacus, Michael EOper #2: Dean Russell DDOB: 6-19-56Gender: ☒ M ☐ FDOB: 08-08-59Gender: ☒ M ☐ FAddress: 10 B-Hills Swamp RdAddress: 68 Birch Bank RdTown: RoxburyState: CTZip: 06783Town: SheltonState: CTZip: 06484Oper. Lic. # 182906972Type: AState: CTOper. Lic. # 08334192Type: DMState: CTOwner #1: SAMEOwner #2: SAMEAddress: SAMEAddress: SAMERegistration Plate: 726447-TRK State: VARegistration Plate: 756786 State: CTMake: Chev Model: TR Year: 04Make: MVA Model: F4 Year: 04VIN: 1G8JK51043E303886 TRKVIN: ZCG-ATFLSX4V100113Seatbelt(s): ☒ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/ASeatbelt(s): ☐ Yes ☒ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/AInsurance Company: ProgressiveInsurance Company: ProgressiveInsurance Policy #: 02205524-2Insurance Policy #: PA71356Injuries: NoneInjuries: Severe leg & HandVehicle Damage: left side of trailerVehicle Damage: TOTALVehicle Towed: ☒ No ☐ YesVehicle Towed: ☐ No ☒ Yes, RF Auto

Occupant(s): [Name / DOB / Address / Position in Veh]

Occupant(s): [Name / DOB / Address / Position in Veh]

NoneNone

Oper #3: \_\_\_\_\_

Oper #4: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: ☐ M ☐ FDOB: \_\_\_\_\_ Gender: ☐ M ☐ F

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Oper. Lic. # \_\_\_\_\_ Type: \_\_\_\_\_ State: \_\_\_\_\_

Oper. Lic. # \_\_\_\_\_ Type: \_\_\_\_\_ State: \_\_\_\_\_

Owner #3: \_\_\_\_\_

Owner #4: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Registration Plate: \_\_\_\_\_ State: \_\_\_\_\_

Registration Plate: \_\_\_\_\_ State: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

VIN: \_\_\_\_\_

VIN: \_\_\_\_\_

Seatbelt(s): ☐ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/ASeatbelt(s): ☐ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/A

Insurance Company: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_

Injuries: \_\_\_\_\_

Injuries: \_\_\_\_\_

Vehicle Damage: \_\_\_\_\_

Vehicle Damage: \_\_\_\_\_

Vehicle Towed: ☐ No ☐ YesVehicle Towed: ☐ No ☐ Yes

Occupant(s): [Name / DOB / Address / Position in Veh]

Occupant(s): [Name / DOB / Address / Position in Veh]

## Brief Description of Accident

Veh #1, a truck horse trailer combination, was pulling out of Battlesburg Rd onto RT 199 heading North. Veh #2, a motorcycle, was heading South on RT 199. Veh #2 struck the left side of the trailer being towed by Veh #1. OP #2 sustained severe injuries to his legs and Head. OP #2 was transported to Danbury Hospital by Roxbury ambulance where he was pronounced dead.

This investigation is: ☐ Open / Continuing ☐ Closed

## MEDICAL ATTENTION:

#1 Ambulance ☒ Yes, Company Roxbury ☐ No

Patient Name: Russell Dean

Hospital: Danbury

Injuries: leg & Head

#2 Ambulance ☐ Yes, Company \_\_\_\_\_ ☐ No

Patient Name: \_\_\_\_\_

Hospital: \_\_\_\_\_

Injuries: \_\_\_\_\_

#3 Ambulance ☐ Yes, Company \_\_\_\_\_ ☐ No

Patient Name: \_\_\_\_\_

Hospital: \_\_\_\_\_

Injuries: \_\_\_\_\_

#4 Ambulance ☐ Yes, Company \_\_\_\_\_ ☐ No

Patient Name: \_\_\_\_\_

Hospital: \_\_\_\_\_

Injuries: \_\_\_\_\_

## FATALITIES: Do Not Release Unless Next of Kin Notified

Name Family Member

Next of Kin Notified? ☒ Yes ☐ No

Name \_\_\_\_\_

Next of Kin Notified? ☐ Yes ☐ No

Name \_\_\_\_\_

Next of Kin Notified? ☐ Yes ☐ No

Name \_\_\_\_\_

Next of Kin Notified? ☐ Yes ☐ No

## ENFORCEMENT ACTION:

Arrested \_\_\_\_\_

Warned \_\_\_\_\_

Arrested \_\_\_\_\_

Warned \_\_\_\_\_

Supervisor's Approval Required: Signature Sgt. Col # 221 Date 11-8-04